

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000006826

**Entity Name:** FRAME ONE LLC**Current Principal Place of Business:**213 NORTHCLIFFE DR.  
GULF BREEZE, FL 32561**Current Mailing Address:**213 NORTHCLIFFE DR.  
GULF BREEZE, FL 32561 US**FEI Number:** 84-4259973**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMMA, GLEN E  
213 NORTHCLIFFE DR.  
GULF BREEZE, FL 32561 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	GLEN SOMMA
Address	213 NORTHCLIFFE DR.
City-State-Zip:	GULF BREEZE FL 32561

Title	AUTHORIZED MEMBER
Name	WEEKLEY, GARY SEAN
Address	3171 AUBURN PARKWAY
City-State-Zip:	GULF BRE FL 32561

Title	AUTHORIZED MEMBER
Name	SOMMA, KAMREN GLEN
Address	213 NORTHCLIFFE DR.
City-State-Zip:	GULF BREEZE FL 32561

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLEN SOMMA

MANAGER

02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date